

Farmer James Holiday Club 2017 - Registration Form

Child's Full Name & Home Address	
Name to be used at FJHC	
DOB	

Emergency Contact Details 1	Emergency Contact Details 2
Tel:	Tel:

Details of any special dietary requirements or allergies:

Details of any medical conditions or requirements your child may have:

I hereby give consent from my child to take up a place at FJHC, in accordance with the terms and conditions set out in FJHC policies and procedures. I have understood the expectations and obligations relating to both myself and FJHC and agree to abide by them.

I confirm that the information given above is correct and I will contact the manager immediately any details change.

Name of Parent.....

Signature of Parent/Carer Date

Signature of FJHC Manager Date
or Registered Provider